



County of Los Angeles – Department of Mental Health

Mental Health Services Act (MHSA)

Field-Capable Clinical Services (FCCS) Guidelines

Adult Systems of Care (ASOC)

Effective: May 01, 2009

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Director

INTRODUCTION

We are pleased to provide you with this edition of the Los Angeles County Department of Mental Health (DMH) **Field-Capable Clinical Services (FCCS)** Guidelines. The guidelines are intended to support the implementation of Field-Capable Field Services programs for the Adult age group (ages 26 – 59).

The documents which follow address numerous aspects of FCCS operations. In addition, although we attempted to address the most pressing aspects of FCCS operations, some key areas may have been overlooked. As an important stakeholder in the FCCS programs, your input and participation in the development and refinement of this document is vital. It is important to recognize that our protocols will evolve over time as we gain experience in the actual operation of these new programs. Your feedback about program operations that work well – and those that can be improved – will be of critical importance to us.

Should you have any questions, comments or suggestions regarding the information in this document, please direct your calls or e-mail to Kalene Gilbert (213) 738-4440 or at kgilbert@dmh.lacounty.gov.

Thank you,

Adult Systems of Care (ASOC)
County of Los Angeles – Department of Mental Health

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

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Field Capable Clinical Services Program Overview	I.A.	05/01/09	1 of 3
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Purpose: To define Field Capable Clinical Services (FCCS) for Adults including those services that may be provided as part of FCCS and to describe those individuals for whom FCCS was designed.

- Definitions:**
1. Field Capable Clinical Services
 - a. Field Capable Clinical Services (FCCS) are specialty mental health services provided to adults, ages twenty-six (26) and fifty-nine (59) and above by professionals and paraprofessionals specially trained to recognize and respond to the unique biopsychosocial needs of adults. Thirty-five percent to seventy percent (35%-70%) of all FCCS are to be provided in field-based settings, including but not limited to consumer's residence, recreational centers, board and care facilities, and primary care settings.
 - b. FCCS are responsive and appropriate to the cultural and linguistic needs of adults and are supported by promising and/or evidence-based practice, wherever and whenever possible.
 - c. The following services are available as part of FCCS:
 - Outreach and Engagement
 - Bio-psychosocial assessment
 - Individual and family treatment
 - Medication support
 - Specialized assessment and treatment interventions for co-occurring disorders, i.e. mental illness and substance abuse
 - Peer counseling, family education and support
 - Linkage and care coordination, including linkage for co-occurring medical, dental, vision or other health care needs
 - Consultation with primary care providers

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- d. FCCS is a voluntary program that focuses on providing services to adults who may be reluctant to seek services in traditional mental health clinics due to stigma, impaired mobility, and/or geographic limitations or poorly engaged. In addition, FCCS will focus on the following populations:
- Isolated and/or homebound adults, with no or limited support systems,
 - Adults with co-occurring mental illness and substance abuse.
 - Adults who have difficulty accessing traditional services due to engagement or risk level.
 - Adults transitioning from one level of care to another (e.g. home to residential facility, Full Service Partnership/Assertive Community Treatment to FCCS).
 - Adults released from jail or with a history of or who are at risk of incarceration.
 - Adults with multiple psychiatric hospitalizations in the recent past.
 - Homeless or at risk of homelessness
- e. Field Capable Clinical Services do not require authorization to provide services; participation is based upon the above guidelines. In addition, specific diagnostic and functional requirements are discussed in FCCS Guidelines No. 2.A.
- f. In some cases, adults may be appropriately served in traditional outpatient mental health clinics, for example, adults who do not require specialized focused, field-based services that are provided under FCCS, may receive services in the outpatient clinic setting.

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- g. Adults ages fifty-five (55) through fifty-nine (59) years of age who would be more appropriately served by an older adult focused, field-based team, may be considered for participation in the Older Adult FCCS program as clinically indicated. The mechanism for referring an individual to FCCS is described in Guidelines No. 4.A. and 4.B.

2. Service Extenders

- a. Service Extenders is a term used to describe clients in recovery or family members who have received specialized training enabling them to work with adults as participating members of multi-disciplinary FCCS teams.
- b. Service Extenders are volunteer paraprofessionals who may provide the following services:
- Support to adult clients to enhance wellness and recovery.
 - Home visits to strengthen network of relationships and decrease social isolation.
 - Support to clients who are transitioning from one level of care to another.
 - Assistance in developing community living skills and utilizing community resources by discussing common experiences.
 - Participation in conference meetings with DMH.
 - Support for family members to strengthen the family members' network of relationships.
 - Convey community and client cultural patterns and attitudes to multi-disciplinary team.

Related Guidelines:

FCCS Guideline No. 2.A. Eligibility Criteria

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Multi-Disciplinary Teams	I.B.	05/01/09	1 of 1
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Purpose: To establish the role of multi-disciplinary teams providing specialty mental health services as part of Field Capable Clinical Services for Adults.

Definition: Multi-disciplinary Team
Field Capable Clinical Services are provided by members of multi-disciplinary teams. The multi-disciplinary teams are generally comprised of certain core team members, for example: a registered nurse, a social worker, a psychologist, a recreation therapist and/or a medical case worker. A physician shall serve as a member of each multi-disciplinary team. Where applicable, Service Extenders will serve as members of multi-disciplinary teams.

- Guidelines:**
1. It is essential that each member of the treatment team participate in case presentations to ensure a range of expertise for the review of treatment needs utilizing a recovery-oriented, comprehensive biopsychosocial approach of new clients and also to re-evaluate the ongoing treatment needs and issues faced by clients participating.
 2. Multi-disciplinary treatment teams are expected to meet at regular intervals; all members of the treatment team are expected to participate.
 3. Any variation to the configuration of the core team will need to be negotiated with the Department of Mental Health Agency Lead District Chief.

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Subject: Field-Bases Services	Guideline No. I.C.	Effective Date 8/19/09	Page 1 of 1
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Purpose: To establish parameters for what constitutes a field-based service.

Definitions:

1. Field-based services are those services provided in a location that has a different address than the clinic site. The choice of service delivery site is based on the client's recovery goals and possible transportation limitations. Examples include churches, parks, libraries, physical health care settings and residences.
2. Services provided within the same building, even if the building houses different programs are not field-based. The exception to this would be where a client residence and treatment program reside at the same address.

Guidelines: Mental health services will be delivered at a site conducive and comfortable to the client, with the goal to engage and retain the client in services. It is the responsibility of the provider to identify the most appropriate Service Location Code to describe the location in which services were provided. The complete listing of Service Location Codes may be found in the Integrated Systems Codes Manual.

For Children, Transition Age Youth and Adult FCCS programs 35-70% of service time should be provided in field-based settings. This percentage is calculated based on the total minutes billed within a month, excluding service location codes 11 and 53.

Attachment DMH-CIOB Service Location Codes

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Eligibility Criteria	2.A.	05/01/09	1 of 3
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Purpose: To describe the criteria necessary for participation in Field Capable Clinical Services for Adults.

- Definitions:
1. Activities of Daily Living
This term is used to describe personal care skills used in everyday life, such as: dressing, grooming, and bathing
 2. Instrumental Activities of Daily Living
This term is used to describe community living skills related to the following items: telephone, traveling, shopping, and preparing meals, housework, medication, and money.

- Guidelines:
1. In order to be eligible to receive FCCS, an individual must meet the following criteria:
 - a. Adult must be twenty-six (26) through fifty-nine (59).

or

 - b. Transitional age youth, age eighteen (18) through twenty-five (25), which would be more appropriately served by an adult focused, field-based team, may be considered for FCCS participation as clinically indicated.

and
 2. One of the following two diagnostic categories must be met:
 - a. A Serious and Persistent Mental Illness (SPMI), for example a Psychotic Disorder, a Major Depressive Disorder that is moderate to severe, a Bipolar

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Disorder as defined in the Diagnostic and Statistics Manual for Mental Disorders IV, Text Revision (DSM-IV, TR),

or

b. An Axis 1 Disorder, as defined by the DSM-IV, TR that is not persistent or as severe as above, but is accompanied by:

- a functional impairment in activities of daily living or instrumental activities of daily living,

or

- a risk of losing or not attaining a life goal, for example risk of losing stable or safe living arrangement, risk of losing or inability to access needed services, risk of losing independence

3. Population to be served

a. FCCS will focus on individuals who would be unable to avail themselves of services in traditional mental health clinics due to stigma, impaired mobility, transportation and/or geographic limitations or poorly engaged and/or who are more appropriately served by the unique intervention strategies of an adult-focused program. In addition, FCCS will focus on the following sub-populations:

- Isolated and/or homebound adults, with limited or no support system,

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- Adults with co-occurring mental illness and substance abuse.
- Adults who have difficulty accessing traditional services due to engagement or risk level.
- Adults transitioning from one level of care to another (e.g. home to residential, Full Service Partnership/Assertive Community Treatment to FCCS).
- Adults released from jail or with a history of or who are at risk of incarceration.
- Adults with multiple psychiatric hospitalizations in the recent past.
- Homeless or at risk of homelessness

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Exclusion from FCCS Participation	2.B.	05/01/09	1 of 2
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Purpose: To establish guidelines for clients referred to Field Capable Clinical Services (FCCS) programs who may be ineligible to receive FCCS due to benefits criteria for the following categories:

- HMO Medicare and Third-Party Insured
- Parolees

Definitions:

1. An agency that refers a client of a prepaid health care plan (e.g. Health Maintenance Organization (HMO), Prepaid Health Plan (PHP), Managed Care Plan (MCP), Primary Care Physician Plan (PCPP), and Primary Care Case Management (PCCM)), must first look to those entities as responsible for the provision of mental health services as defined by their contracts, unless the prepaid health plan or the client, as appropriate, is willing to pay for the full cost of their care.

2. The California Department of Correction and Rehabilitation (CDCR) is responsible for the State's parole system and the provision of specific and intensive levels of service to its parolees to enable them to successfully reintegrate into the community, including, but not limited to, substance abuse treatment, mental health services, case management and supervision.

Guidelines:

1. If a private prepaid health plan member or parolee is being referred to an FCCS program, the referral source should be advised that their client's health care plan or parole agency is responsible for managing their care.

2. In the event that an FCCS client is determined to be a beneficiary of a prepaid health plan or a parolee, the client must be immediately referred back to the referring agency, health plan, and/or parole agency for disposition and continued services. All FCCS services need to be

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References: DMH Policy No. 401.8 (9/04)
DMH Revenue Management Bulletin (3/05)
California Department of Correction and Rehabilitation
Parole Service Description (1/06)

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Adult Service Provision in Skilled Nursing Facilities	2.C.	06/01/2009	1 of 3
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Purpose: To provide guidelines for the delivery of Field Capable Clinical Services to adults who reside in a Skilled Nursing Facility.

- Definitions:
1. Skilled Nursing Facility (SNF) "A health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. It provides 24-hour inpatient care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services, and an activity program." (CCR, Title 22, Social Security, Division 5 – Licensing, Chapter 3 – Skilled Nursing Facilities.)
 2. Skilled Nursing Facilities and other such facilities which are also Institutions of Mental Disease (IMD) "A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care for persons with mental disease/illnesses, including medical attention, nursing care, and related services." (Title 42, CFR, §435.1009(b)(2) and CCR, Title 9, Chapter 11, §1810.222.1)

- Guidelines:
1. SNFs that meets the federal definition for Institute for Mental Disease (IMD), cannot receive reimbursement from Medi-Cal for mental health services provided in an IMD, unless, it is for the purpose of discharge planning. Targeted Case Management services may be claimed in these facilities for up to three (3), thirty (30) non-consecutive days prior to discharge.
 2. Only those consumers who have a primary mental health diagnosis that is included under Medi-Cal for reimbursement are eligible for FCCS.
 3. DMH contracted and directly operated programs that choose to provide services in a non-IMD SNF, must develop an agreement with the SNF to provide services on site.

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4. DMH contracted and directly operated programs must confer with the SNF's administration in advance of delivering mental health services to determine the type of mental health treatment services that are offered by the SNF to prevent duplication of services.
5. DMH contracted and directly operated programs must work closely with the SNF's multi-disciplinary team to effectively plan treatment and to coordinate care.
6. DMH contracted and directly operated programs must use the appropriate Service Location code when entering data into the Integrated System for FCCS. The correct Service Location Code is 31-Skilled Nursing Facility without STP.
7. DMH contracted and directly operated programs are required to pursue and collect all third-party revenue including Short-Doyle/Medi-Cal, Medicare, private insurance, other third-party revenue, and client fees.
8. DMH contracted and directly operated programs must bill Medicare for mental health eligible services before seeking reimbursement from Medi-Cal.

Consumers who are receiving FCCS and are transferred into a SNF

1. DMH and contract agency providers who are providing FCCS to an existing consumer that is transferred into a non-IMD SNF may continue to provide FCCS up to 60 days from the time of the admission into the SNF.
2. When a consumer resides in a non-IMD SNF for more than 60 days, DMH and contract agency providers should discontinue mental health treatment services and transfer the consumer's care to the SNF's clinical treatment team for on-going care. It is the expectation of DMH that a "warm hand-off" will be made by

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DMH or contract agency providers to ensure coordination of care in such transitions.

- a. In limited circumstances, DMH and contract agency providers may provide ongoing FCCS to existing FCCS consumers who are residing in a non-IMD SNF. Consumers receiving such services may comprise no more than ten (10) percent of the provider's caseload.
- i. Individuals for whom mental health services are provided in anticipation of discharge are not included in the above ten (10) percent.

Adults being discharged from a SNF

1. Mental health services may be provided to individuals residing in a SNF (non-IMD and IMD) who may be eligible for FCCS 30 days prior to discharge.
 - a. In cases where the individual's discharge is delayed, providers are to notify the Adult age group lead to discuss situation prior to continuing services.
2. A referral process will be established between the SNF and DMH provider to identify potential referrals to FCCS prior to the resident's discharge.

References:

State Department of Mental Health Letter No. 02-06, "Medi-Cal Coverage for Beneficiaries in Institutions for Mental Disease"

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Service Extenders Overview	3.A.	05/01/09	1 of 2
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Purpose: To establish guidelines for the use of Service Extenders as members of multi-disciplinary teams in the Field Capable Clinical Services (FCCS) programs.

Definition:

1. Service Extenders
 - a. Service Extenders are clients in recovery or family members who, following specialized training, volunteer to serve as members of multi-disciplinary FCCS teams. Examples of duties that may be performed by Service Extenders include but are not limited to:
 - Provide support to mentally ill adult clients to support wellness and recovery.
 - Provide home visits to strengthen network of relationships and decrease social isolation.
 - Provide support to clients who are transitioning from one level of care to another.
 - Assist clients in developing community living skills and utilizing community resources by discussing common experiences.
 - Participates in conference meetings with Department of Mental Health (DMH).
 - Provide support for family members to strengthen the family members' network of relationships.
 - Convey community and client cultural patterns and attitudes to multi-disciplinary team.

Guidelines:

1. A Service Extender is a volunteer, not a full-time employee.
 - a. For DMH, Service Extenders must be processed into DMH through Human Resources before they can begin providing services. DMH programs are expected to orient Service Extenders to applicable

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policies and procedures; provide an orientation to the directly-operated site including personnel, procedures and resources; and to provide ongoing education regarding field safety as a member of the FCCS team.

- b. For contract agencies, Service Extenders should be processed into the agency in a manner that is in keeping with agency policies and procedures, prior to volunteers providing services.

2. Service Extenders are expected to become fully integrated member of the FCCS team. The following guidelines may facilitate the integration process:

- a. All FCCS team members will review the “**Service Extender**” **curriculum** and the types of duties to be performed by the Service Extender.
- b. All FCCS team members will be familiar with “Wellness and Recovery” concepts.
- c. In addition to regularly scheduled “Assessment and Re-evaluation” meetings, Service Extenders will receive regularly scheduled individual clinical supervision.
- d. Service Extenders should be encouraged to utilize clinical supervision to examine the impact of their values, beliefs and attitudes about their work, as would any other team member.
- e. Service Extenders should be advised to report promptly to their clinical supervisor any and all suspected risk factors involving a client.
- f. Team members will remain accessible during working hours for consultation and support to Service Extenders.

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Service Extenders and Documentation	3.B.	05/01/09	1 of 1
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Purpose: To describe the documentation requirements for all services provided by Service Extenders.

- Guidelines:
1. All services provided by Services Extenders are to be documented in the client's medical record.
 2. Each entry shall contain the name of the client for whom services are provided and the following information:
 - a. Date and location of service delivery.
 - b. Face-to-face and other time associated with service delivery.
 - c. A brief description of the nature of the service (if possible include a quotation from the client).
 - d. A brief description of any known risk.
 - e. The signature and title of the person making the entry in the medical record.
 3. Documentation is to be completed within 24 hours of service delivery and may be completed in one of two ways:
 - a. All notes written by Service Extenders are to be documented in the medical record and countersigned by their clinical supervisor.
 - or**
 - b. In situations where the Service Extender is unable to complete the documentation within 24 hours, the Service Extender may contact the clinical supervisor and describe the service to the clinical supervisor who may then write a progress note on behalf of the Service Extender.

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Integrated System (IS) and Coding	4.A.	05/01/09	1 of 2
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Purpose: To provide guidance regarding the appropriate choice of select codes associated with the delivery of FCCS.

Guidelines:

1. Service Location Codes

a. The majority of services will be provided in field-based settings. FCCS staff shall be familiar with the Service Location Codes and select accordingly as follows:

11 - Office. This is to be used when services are provided in DMH offices.

12 - Home. This is for use when services are provided in client homes or residences, regardless of type (single family dwelling, apartment, Single Room Occupancy (SRO), and Board and Care Facility).

50 - Federally Qualified Health Center. This is to be used in primary care settings when the site has been designated as a Federally Qualified Health Center (FQHC).

71 - State and Local Public Health Clinic. This is to be used for all health care provider locations that do not qualify as an FQHC.

99 - Other Unlisted Facility. This is to be used for all other locations that are not otherwise covered in the Service Location Codes above, such as Recreation Centers, Parks, and Shelters.

2. Current Procedural Terminology for Use with FCCS

a. FCCS providers are encouraged to refer to "A Guide to Procedure Codes for Claiming Mental Health Services" available on the DMH intranet when selecting Current Procedural Terminology (CPT)

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codes. Most services, and hence codes, that are used in outpatient clinical settings will be available to FCCS providers. The table below provides a brief account of the codes available to FCCS providers:

Category	Codes
Assessment	90801, 90802
Psych testing	96101, 96102, 96103, 90889
Indiv. Psychotherapy	H2015, 90804, 90806, 90808, 90810, 90812, 90814
Indiv. with E&M	H2015, 90805, 90807, 90809, 90811, 90813, 90815
Indiv. Rehab	H2015
Family and Group	90847, 90887, 90849, 90853, 90857, H2015
Med Support	90862, M0064, H2010
Other	T1017, 99361, 99362, 90889
Crisis Intervention	H2011
COS	231 – Community Client Service
DMH Genesis ONLY	99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

3. IS Plan Selection

- a. Refer to FCCS Guideline 5.B., IS Plans, for selection of plans associated with FCCS participants.

References: DMH Integrated System Codes Manual

DMH: A Guide to Procedure Codes for Claiming Mental Health Services

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IS Plan Selection	4.B.	05/01/09	1 of 2
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Purpose: To clarify the selection of IS Plans related to the delivery of Field Capable Clinical Services.

Background:

Field Capable Clinical Services (FCCS) are specialty mental health services provided to adults, ages twenty-six (26) and fifty-nine (59) and above by professionals and paraprofessionals. Thirty-five percent to seventy percent (35%-70%) of all FCCS are to be provided in field-based settings, including but not limited to consumer's residence, recreational centers, board and care facilities, and primary care settings, places of employment and educational settings.

In some instances, FCCS clients may have limited involvement in other select DMH programs while remaining primarily an FCCS client. For example, clients who are receiving FCCS may wish to participate in a Wellness Center. Services will be provided by the most intensive service provider, in this instance, FCCS. Such services provided by another provider should be identified and documented on the Client Care Coordination Plan.

Guidelines:

1. IS Plans

All services that are provided by FCCS providers under FCCS programs, shall have FCCS Adult selected in the IS Claim Plan field in association with any claims provided under FCCS.

In situations where a client may choose to continue to be seen by an outpatient psychiatrist while receiving services under FCCS, claims for services should be associated with either CGF or other applicable non-MHSA plans as found in the IS Claim Plan field. This will

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ensure that the reimbursement is requested from the appropriate source.

Alternatively, an FCCS client may choose to participate in a Wellness Center, or other MHSA services. In this case, the MHSA-Wellness Center should be selected from the IS Claim Plan field for services rendered in association with the Wellness Center.

In order to ensure appropriate data entry, the IS Daily Log, IS Group Log, and the **NCR** Progress Note (where appropriate) shall identify the appropriate plan name (MHSA-FCCS, CGF, MHSA-Wellness Center) associated with services delivered as part of FCCS.

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Location Tracking	4.C.	05/01/09	1 of 1
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Purpose: To describe requirements for communicating information regarding collaborations with community partners to Adult Systems of Care Administration (ASOC).

Guideline(s): District Chiefs and/or Program Managers of Field Capable Clinical Services programs are expected to provide information regarding any and all community partner agencies where Department of Mental Health (DMH) staff is stationed (co-located) on a regular basis.

A Location Tracking Form (attached) has been developed that specifies the information that is required to be forwarded to APA upon initial collaboration and as changes occur to any of the data fields. This information is an administrative requirement of DMH and the Chief Administrative Offices.

The following data elements are required:

Start Date – This is the date that DMH staff begin to be stationed at the community partner location.

Revision Date – This is the date that marks any changes to existing information.

Community Partner Name

Address/City – This is the address in which DMH staff will provide services.

Community Partner Contact person and Telephone Number

Name and Title of DMH Co-located Staff

Other Information – Any other relevant information including notation of corporate headquarters which may differ from address where DMH staff will be co-located.

Attachment: Location Tracking Form

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Field-Based Medication Services	5.A.	05/01/09	1 of 2
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Purpose: To clarify those medication support activities provided by Registered Nurses that are permissible components of Field Capable Clinical Services (FCCS).

- Guidelines:
1. Field-based medication education, and monitoring a client's response to medications, is an essential role of the RN regardless of location of service delivery.
 2. The RN is expected to meet all documentation requirements associated with medication support services. Examples include, but are not limited to documentation of side effects, client response to medication, compliance with medication regime etc. RNs should refer to Departmental policies on documentation and to the Organizational Providers Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services for additional information and/or consult with their clinical supervisor for further direction.
 4. Injectable medication for the treatment of mental health disorders may be prescribed by a physician or nurse practitioner and administered by an RN in a field-based setting.
 5. Some clients may benefit from the structure provided by medication boxes to serve as reminders of when medications are to be taken during the day. RNs may assist and supervise client to fill medication boxes but are not independently permitted to fill the boxes for the client.
 6. Many adults participating in FCCS will have multi-system illnesses. Coordination of care between prescribing medical and psychiatric providers is an essential component of FCCS. RNs may discuss medications with both prescribing physicians and

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dispensing pharmacists to ensure that all providers are aware of the range of medications (physical and mental health) taken by a particular client as a means to decrease possible adverse interactions between medications.

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Purpose: To describe the processes involved in prescribing medications and ordering laboratory tests for clients who participate in Field Capable Clinical Services (FCCS) programs outside of the traditional mental health clinic.

Guidelines: 1. Prescription Medications and Laboratory Tests in Primary Care Provider (PCP) settings

a. FCCS physicians may provide consultation to the PCP to enable the PCP to manage the mental health treatment of a particular client. In this case, medications or laboratory tests may be recommended by the FCCS physician to the PCP, but the actual prescription or laboratory test order is written by the PCP. The PCP agency will assume financial responsibility for all prescriptions and laboratory tests ordered by the PCP.

- The mechanism for filling prescriptions and obtaining specimens for laboratory analysis will be in accordance with PCP agency protocols.

b. Clients may be referred to the FCCS physician for evaluation and treatment of a client whose care is believed to be beyond the scope of practice of a PCP. In such cases, if the FCCS agrees to assume direct responsibility for delivery of mental health medication services, the FCCS physician writes a medication prescription or laboratory test for a client who is referred from PCP, the FCCS physician agency, Department of Mental Health (DMH) will assume financial responsibility for all prescriptions and laboratory tests ordered by the FCCS physician.

- i. Prescriptions for indigent clients are entered into the PATS system or taken to a DMH affiliated pharmacy for dispensing. When a

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client is unable to make arrangements to pick up a medication from a pharmacy, attempts shall be made to arrange for the pick up and/or delivery of medication, as appropriate, directly to the client.

- ii. Clients for whom laboratory tests have been ordered by the FCCS provider will be referred to the nearest Quest Laboratory office. The laboratory order form may be completed by the provider and given to the client to take to the Quest office, as appropriate.
 - The location of the nearest office may be accessed by going to the Quest website located at:
<http://www.questdiagnostics.com/index.html>
Click on the Location tab at the top of the page and then complete the query to obtain the address of the nearest laboratory. This information may also be obtained by telephoning: (800) 377-8448.
 - If the client is unable to make arrangements to go to the nearest Quest laboratory, attempts shall be made by the FCCS team to arrange for transportation to the laboratory.

2. Prescription Medications and Laboratory Tests in other Field-based settings.

- a. In situations where the FCCS physician or nurse practitioner makes a field-based, non-PCP setting visit that results in the prescribing of medication or the ordering of laboratory tests, refer to Section 1.b.i and 1.b.ii above for a description of the process to be followed.